



SUPERVISOR'S INVESTIGATION REPORT

OF EMPLOYEE JOB INJURY OR ILLNESS

Read Instruction Sheet. Answer All Questions. Problems? Call (305) 375-4280

Teleclaim # _____

1. Name of Employee: _____ SS #: _____ Perm./Prob./Other: _____
2. Dept.: _____ Div.: _____ Location.: _____ Date & Time of Inj./Ill.: _____
3. Address and location of incident _____
4. Name of immediate Supervisor: _____ Phone: _____
5. To whom was occurrence first reported or mentioned? _____ Date & Time: _____
6. Was this first reported as a minor injury on the minor injury log? ☐ Yes or ☐ No Date & Time: _____
7. Was this a chemical or biological exposure? If yes, complete the Exposure Report form.
8. Was employee sent to clinic, doctor or hospital, and how soon? ☐ Yes or ☐ No Date & Time: _____
9. What did the injured **employee** do to cause or contribute directly or indirectly to the accident/injury or illness?
☐ Inadequate planning ☐ Departure from standard procedure ☐ Unusual/erratic behavior
☐ Inadequate skill ☐ Defective or inadequate equipment ☐ Lack of awareness ☐ Other acts
Describe: _____

10. Did **something** or **another person(s)** contribute directly/indirectly to the accident/injury or illness?
☐ Defective or inadequate equipment ☐ Departure from standard procedure
☐ Improper/inadequate instructions ☐ Inadequate planning ☐ Vehicle Accident
☐ Inadequate training ☐ Weather ☐ Insects/Animal(s)
☐ Inadequate skill ☐ Inattention/Lack of caution ☐ Chemical/Biological exposure
Describe accident scene: _____

11. What have you and/or department done to help prevent a recurrence? Be specific: _____

12. What other recommendation do you have to help prevent recurrence of this type accident/injury or illness?

13. Names of witnesses and **attach statements**.
Witness Name: _____ Title: _____ Phone #: _____
Witness Name: _____ Title: _____ Phone #: _____
14. List all attachments to this report such as photos, diagrams or other documents: Total number of attachments _____

Signature of supervisor completing this report: _____ Print name _____

Title: _____ Phone: _____ Date of this report: _____

Employee's Description of Accident/Illness or Exposure (**Use attachment if necessary**)

Failure to complete this report accurately is a violation of Miami-Dade County A.O. , County Policies and Procedures. Violations may result in disciplinary action.

Employee's signature (if available): _____ Phone: _____

INSTRUCTIONS FOR CONDUCTING THE SUPERVISOR'S INVESTIGATION

Pursuant to Miami-Dade County Administrative Order and The Miami-Dade County Safety Manual, each employee accident will be investigated by the employee's immediate supervisor as soon as possible after the occurrence (i.e., after the first aid or emergency medical treatment needs are met). The following procedures shall be followed, as applicable:

1. CHECK THE SCENE

- a. Carefully examine the site of the accident.
- b. Reconstruct as much as possible the chain of events leading up to the accident, and attempt to determine the single event that caused the accident.

2. COLLECT THE EVIDENCE

- a. Inspect machinery, protective equipment, site conditions, etc. to determine cause and/or contributing factors to the accident.
- b. If equipment or machine parts were defective, remove them from use and hold them for further instructions from Risk Management Office of Safety. If equipment must be returned to use immediately, document equipment failure. Attach details of equipment repairs to the Supervisor's Report.

3. INTERVIEW THE EMPLOYEE

- a. Interview the employee. Ask the employee to start from the beginning and describe what happened.
- b. Determine what procedures were or were not followed, what equipment was used, etc.
- c. Call Teleclaim: 1-877-MDC-RISK (1-877-632-7475).
- d. If the employee exhibits unusual or erratic behavior, contact your Division Head immediately for appropriate administrative actions.
- e. The Supervisor's Investigation Report must contain the employee's description of the accident.
- f. Obtain employee signature, if available.

4. INTERVIEW WITNESSES

- a. Interview witnesses at the scene. Whenever possible interview witnesses separately.
- b. Record their name, title, address, phone number, and statements.

5. WRITE IT DOWN, TAKE PHOTOS, SKETCH DIAGRAMS.

- a. Utilize the Supervisor's Report Form to make written notes of all facts that may relate to the accident. Utilize the back of the form or additional paper to provide further detailed information.
- b. Note any procedure not followed, misuse of equipment, or other factors not in accordance with work rules or established safety practices.
- c. Note any unsafe conditions, faulty equipment or other items which could have caused or contributed to the accident.
- d. Note your name, title, and phone number, the time and date of your investigation, lighting and weather conditions, supplemental evidence and conversations having a bearing on the case.
- e. Attach all photos, diagrams, statements, and any other pertinent information.

6. REVIEW THE EVIDENCE

- a. Review the report. Ensure that complete and adequate information is presented. If necessary, conduct further questioning of the injured and witnesses.
- b. Forward the Supervisor's Investigation Report Form and any additional information through the proper Departmental channels, the G.S.A. Risk Management Division, 111 N.W. First Street, 23rd Floor; and the Office of Safety, 4200 N.W. 36th Street, Bldg. 5A, 3rd Floor. within 7 calendar days.

*All injuries or job related illnesses are caused by something: defective equipment, poor planning, an unsafe or careless act on the part of the employee or someone else, or some other specific circumstance. The supervisor must investigate, determine, and report what caused the injury to the best of his/her ability. **REPORT DEATHS AND SERIOUS INJURIES TO THE OFFICE OF SAFETY IMMEDIATELY. PHONE (305) 876-8000.***